PAGE 85/11

PRINTED: 04/22/2015 FORM APPROVED

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: HAL080003	B. WING	APR 2.8 ZINS 04/	E SURVEY PLETED R 08/2015
001000-404-494	PROVIDER OR SUPPLIER	LIVING 1808 N C	DRESS, CITY. S ANNON BOL OLIS, NC 28		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
(C 000)	Getchell on April 8. The followup reves	Followup Survey done by Bob 2015. aled that all defiociencies were fore a new plan of correction is	(C 000)	Disclaimer Statement Kannon Creek Assisted Living acknowledges the receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings	
(C 166)	SECTION .0300 - 1 10A NCAC 13F .03 FURNISHINGS (a) Adult care hom (5) be maintained orderly manner, fre hazards; (e) This Rule shall facilities.	es shall: in an uncluttered, clean and ee of all obstructions and apply to new and existing	(C 166)	is factually correct and in to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance. Kannon Creek Assisted Living Response to this Statement of Deficiencies does not denote agreement with the Statement	(4
	Based on obser loosely mounted to Findings include: Loose toilet in bb. Loose toilet in bc. Loose toilet in bd. 4. Based on obser dampers in air ductivere activated and	ath off room 109, ath off room 212, ath off room 210, ath off room 204, vation, three ceiling radiation t in the 100 Hall Day room closed.		of Deficiencies nor does it constitute as admission that any deficiency is accurate. Further, Kannon Creek Assisted Living reserves the right to refute any of the deficiencies through informal dispute resolution, formal appeal procedure and/or any other administrative or legal proceeding C 166 Housekeeping- Free of Hazards 1. Loose Toilet a. tighten toilet b. tighten toilet c. tighten toilet d. tighten toilet 3. replace dampers with approved dampers	1 6.5·1

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	A. BUILDING B. WING	PLE CONSTRUCTION 3: 01	F	LETED
TO CONTROL	PROVIDER OR SUPPLIER	1808 N CA	DRESS, CITY, ANNON BO OLIS, NC 2	70 TO 1 TO 10		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTS (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
(C 189)	Building Equipment SECTION .0300 - I 10A NCAC 13F .03 REQUIREMENTS (a) The building armechanical, and placare home shall be operating conditions (k) This Rule shall facilities with the exwhich shall not app. This Rule is not many the same of the shall not app. This Rule is not many the same of the shall not app. This Rule is not many the same of the	PHYSICAL PLANT 11 OTHER Ind all fire safety, electrical, umbing equipment in an adult imaintained in a safe and apply to new and existing reption of Paragraph (e) ly to existing facilities. In the safe and apply to new and existing reption of Paragraph (e) ly to existing facilities. In the safe and penetrations that materials approved for use in construction and inoperable or ation dampers present the extra the period of the facility. In the safe and penetrations that materials approved for use in construction and inoperable or ation dampers present the extra the period of the facility. In the safety, electrical, umbing a point and existing a provide the safety and the safety and the safety and the safety areas of the facility.	(C 189) (C 189)	C 189 Building Equipment Maintal Safe, Operating 1. Hole and penetration that sealed with material approfor use in one hour fire ratic construction and inoperations and inoperations are constructed to the possibility that that begins in one room construction are spread to other areas of the G, sealed penetrations in a	is not oved ted ole or ampers t a fire ould ne facility	
	above 100 Hall, k. The gypsum con off the smoke barri l. Unsealed penetr sprinkler pipe in att 100 Hall, m. Unsealed pene laundry ceiling, n. The listed ceiling HVAC duct penetra were tied open with Dampers that are h	appound and tape were falling at wall above 100 Hall, ations at wires, conduits and its fire wall above Day room on trations at plastic pipes in gradiation dampers in the tions in the following locations wires or plastic zip ties, eld open with means other it's approved fuse link will not	5	barrier j. sealed holes and opening barrier wall k. repaired smoke barrier w l. sealed penetration at wir and sprinkler pine in attic f m. sealed penetration at pi n. radiation dampers in the held open l. Replaces radiati	gs in smol wall re, condui fire wall lastic pipe e HVAC di	ke ts es uct

PAGE 87/11

PRINTED: 04/22/2015 FORM APPROVED

Division	of Health Service R	egulation							
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE A. BUILDING: B. WING	E CONSTRUCTION 01		SURVEY LETED			
		HALUGUUS			1 04/0	0/2010			
	PROVIDER OR SUPPLIER N CREEK ASSISTED	I IVING 1808 N C	ODRESS, CITY, S ANNON BOU OLIS, NC 28	\$4.000 mm (c)					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE			
{C 189}	Continued From pa	age 2	(C 189)		2				
	6332555		ا, . ا	ii. Replaced r.	-dlast d	5			
		er valve room on 100 Hall.		iii. Replaced ra	adiation dampe adiation dampe adiation dampe	r			
	4-8-15 Followup Fi New dampers have installed yet.	ndings: e been received, but not	3	tenninal tour		ca no			
		vation, the battery powered mergency light at the end of work when tested.	3. repaired battery powered emergency lights						
	door provided to al	vation, there was no access low inspection and cleaning of for the duct mounted smoke above room 109.	5.	Installed and labeled appro access door	oved				
	4-8-15 Followup Fi New access doors installed yet.	ndings: have been received, but not							
(C 199)	Exhaust Ventilation		(C 199)						
	SECTION .0300 - I 10A NCAC 13F .03 REQUIREMENTS	11 OTHER	8						
	provided with exha- two cubic feet per r requirement does r				18				
	(2) soil utility room (3) bathrooms and (4) housekeeping	toilet rooms;							

EU1C22

Division of Health Service Regulation

PAGE 08/11

PRINTED: 04/22/2015 FORM APPROVED

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 R B. WING						
(X4) ID		LIVING 1808 N C KANNAP	ANNON BOL OLIS, NC 28	TTA 1:07 - 17:		(XIS) COMPLETE			
TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE			
(C 199)	facilities with the en which shall not app. This Rule is not median. Based on obsermaintain required effindings include; a. The exhaust system's and Ladies to b. The exhaust far off room 202. 2. Based on obsermaintain required effondings include; Several exhaust far or missing exhaust	apply to new and existing sception of Paragraph (e) by to existing facilities. et as evidenced by: vation the facility failed to exhaust in a working condition. stem was not working in the bathrooms near the lobby. I was not working in the bath exhaust in a proper working in the exhaust in a proper working in the exhaust in a proper working in the outside as required.	(C 199)	C 199 Exhaust Ventilation a. Shall be provided with ventilation at the rate of cubic feet per minute properties. 1. Maintain required exhaust working condition a. Repair/replace exhaust b. Repair exhaust fan 2. Repair/replace exhaust duc	of two per square in fan				
(C 141)	North Carolina Buil- (4) Ramps (See Note Code Requirement Boarding Homes). in twelve inches an Section (11-x) 5.1 of	nd size of rooms. rovide: ces sers and width of treads see	{C 141}						

EU1C22

PAGE 09/11

PRINTED: 04/22/2015 FORM APPROVED

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	A. BUILDING	COM	R 4/08/2015	
	PROVIDER OR SUPPLIER	1808 N	CANNON BO			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	ION JLD BE OPRIATE	(X5) COMPLETE DATE	
{C 141}	This Rule is not m Based on observa provided on either exit ramp from 200 4-8-15 Followup F	net as evidenced by: tion, there was no handrail side of the last 8 feet of the 0 and 300 Halls. indings: fabricated and has been	(C 141)	Office Manager, Activity Direct Dietary Manager and Housekeeping Manager will at areas excluding the attic using Construction Audit Tool 5 day a week times three wee Then three times a week for Three weeks, the monthly Finding will be taken to the Quarterly Maintenance Supervisor will audit the attic using Construct Audit Tool (Attic) quarterly fo one year. Findings will be taken to the Qi Committee for review Audit Tool (Attic) quarterly fo one year. Findings will be taken to the Qi Committee for review Quarterly	tor, udit ks,	

		Notes:	Location	Fire Door Closing properly Location Y/N	Smoke Barriers Free of Holes in Attic Y/N	Gypsum Compound/Tape Faling off Smoke Barrier Y/N
	es:					
	es:	Ces:				
	es:	res:				
	es:	68 :				
	es:	(es:				
	es:	Cest.				
	es:	Res:				
	es:	res:				
	es:	res:				
	es:	res:				
	es	Res:				
	es	Res:				
	es	Res:				
	es:	les:				

Construction Audit Tool

	Notes:	- 485						,		掌		Location
					00 5							Holes- Ceilings/Wa Diaper/Pullup IIs/Doors Fire Caulk storage wires Y/N Y/N Y/N
											Service Sections	Holes- Ceilings/Wa Ils/Doors
												Fire Caulk wines
d		5.										Fire Caulk pipes Y/N
							S					Exit Light Working Y/N
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3								Clutter Ramp/ Hallways Y/N
						i le						Dunch Door Y/N
												Lock Strike
Signature:			8									Exhaust fan Y/N
	Date:											Water Temps 110- 116 Y/N
											Carlotte Control	Handrail in Place Y/N
	1										20 No. 10 Co. 10	Maint. Superviso r intial Date